

# Check Your Vitals

FRG 365

Pam Lindenmeyer

## Objectives

- Review the basis for Family Readiness Groups (FRG)
- Discuss the deployment cycle and the FRG's role in each phase
- Explore the necessity for the FRG to function continuously

## History of the FRG

- Started as Family Support Group
- Developed into FRG in the late 1990's
- Mission – Act as an extension of the unit in providing official, **accurate command information.** Provide mutual support between the command and the FRG membership. **Advocate more efficient use of available community resources.** Help families solve problems at the lowest level.

## Pre - Op

- Reconstitution
- Train-Up Preparation
- Mobilization
- Hurry up and wait
- Never underestimate this precious time
- Build infrastructure ~ test arteries
- Build your Team

Op

- Deployment/ Employment
- FRG's Performing phase
- Necessity is evident
- Focus
- All lights are on you

## Post -Op

- Redeployment
- Post Deployment
- 30/60/90 Days and beyond
- Most susceptible time
- FRG is tired/ Service members are tired
- Rollercoaster

## Preventive Medicine

- Wellness checks
- Communication checks
- Office Visit not Emergency room frenzy
- Neighborhood feel
- Subdued involvement

## The Golden Hour

- Saves lives
- Luck is when preparation meets opportunity
- Prepare for the worst, expect the best
- "There is a golden hour between life and death. If you are critically injured you have less than 60 minutes to survive. You might not die right then; it may be three days or two weeks later -- but something has happened in your body that is irreparable." [ Dr. R Adams Cowley

In emergency medicine, the **golden hour** refers to a time period lasting from a few minutes to several hours following traumatic injury being sustained by a casualty, during which there is the highest likelihood that prompt medical treatment will prevent death.<sup>[1]</sup> It is well established that the victim's chances of survival are greatest if they receive care within a short period of time after a severe injury, however, there is no evidence to suggest that survival rates drop off after 60 minutes. Some have come to use the term to refer to the core principle of rapid intervention in trauma cases, rather than the narrow meaning of a critical one-hour time period.

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#### General concept

In cases of severe trauma, especially internal bleeding, nothing can replace surgical intervention.<sup>[citation needed]</sup> Complications such as shock may occur if the patient is not managed appropriately and expeditiously. It therefore becomes a priority to transport patients suffering from severe trauma as fast as possible to specialists, most often found at a hospital trauma center, for definitive treatment. Because some injuries can cause a trauma patient to decompensate extremely rapidly, the lag time between injury and treatment should ideally be kept to a bare minimum; over time, this lag time has come to be specified as a now-standard time frame of no more than 60 minutes, after which time the survival rate for traumatic patients is alleged to fall off dramatically.

#### [edit] Origins of the term

The late Dr. R Adams Cowley is credited with promoting this concept, first in his capacity as a military surgeon and later as head of the University of Maryland Shock Trauma Center.<sup>[2][3]</sup> The concept of the "Golden Hour" may have been derived from French military World War I data.<sup>[4]</sup> The R Adams Cowley Shock Trauma Center section of the University of Maryland Medical Center's website quotes Cowley as saying



911 = 411

- Communication and information is everything
- Lifelines
- Chain of concern

## The Final Word

- Marathon? Sprint? Relay....
- Compassion Fatigue
- Even Superheroes have sidekicks and confidants